

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90459 002 \*\*\*150.00

**DOCUMENT # P93000023567**

1. Entity Name

**TREASURE COAST NEONATOLOGY, P.A.**

Principal Place of Business

Mailing Address

1700 S. 23RD ST.  
 FT. PIERCE FL 34954

1700 S. 23RD ST.  
 FT. PIERCE FL 34950-4803

00067833

2. Principal Place of Business

**1000 36TH STREET**

3. Mailing Address

**P.O. BOX 4057**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL**

City & State

**VERO BEACH, FL**

Zip

**32960**

Country

**USA**

Zip

**32964**

Country

**USA**

4. FEI Number

**65-0406992**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASANOVA, OLGA Q**  
**1700 S. 23RD ST.**  
**FT. PIERCE FL 34954**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1000 36TH STREET**

City

**VERO BEACH**

**FL**

**32960**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASANOVA, OLGA Q</b>	
STREET ADDRESS	<b>1700 S. 23RD ST.</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34954</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1000 36TH STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32960</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Olga Q Casanova*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/13/00

Attachment  
D# 663000 22567  
BW 67833

# Treasure Coast Neonatology, P.A.

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Olga Quiros Casanova, M.D., F.A.A.P.  
Board Certified in Neonatal - Perinatal Medicine  
Board Certified in Pediatrics

June 13, 2000

Division of Corporations  
Uniform Business Reports Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

**VIA: U S Regular Mail**

Dear Sir/Madam:

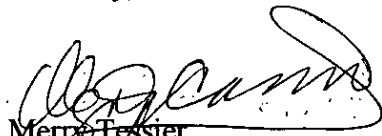
I called your office today, and asked, what should we do, we just received the 2000 Uniform Business Report and the due date on the cover reads May 1, 2000. Your courteous staff instructed me to send our check in the amount of \$150.00 for the filing fee along with a letter explaining the delay.

Our office address is 1000 36<sup>th</sup> Street, Vero Beach, FL 32960 and the report was sent to 1700 S 23<sup>rd</sup> Street, Ft. Pierce, FL 34954. We just received a bulk of mail today and it included this report. We were unaware any mail was received at our old address. I hope this explains the delay.

I apologize for any inconvenience this might cause.

Thank you, for your help with this matter. Should you require any further information, please call me at 561-563-4470.

Sincerely,



Merry Tessier  
Office Manager

Enclosure(s)